

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12346	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ANTONIO J SAGUIBO JR. P.O. Box, Bldg., Room No., if any Street 1617 PALAMA STREET City HONOLULU State Hawaii ZIP Code + 4 96817-3043	4. Name, file number, and address of labor organization. Name LABORERS' AFL-CIO LOCAL 368 Labor Organization File Number 042-957 P.O. Box, Building and Room Number, if any Street 1617 PALAMA STREET City HONOLULU State Hawaii ZIP Code + 4 96817-3043
5. Position in labor organization. RECORDING SECRETARY/REPRESENTATIVE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 08/15/2005	(808) 841-5877
	Date	Telephone Number

Name of Person Filing ANTONIO SAGUIBO JR.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HAWAII LABORERS' PENSION TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1221 KAPIOLANI BLVD., SUITE 910</p> <p>City HONOLULU</p> <p>State Hawaii ZIP Code + 4 96814-3502</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. <i>Pension Trust Fund</i></p> <p>PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT-RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS</p> <p>(SEE ATTACHED WORKSHEET)</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>\$11,960</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount. <i>\$11,960</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

ANTONIO SAGUIBO, JR. - PENSION TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Pension	Philippines Trip February 22 - 28, 2004	\$ 2,050.00	\$ 754.55	\$ 1,295.45
Pension	Collection Procedures Institute March 8 - 10, 2004	\$ 3,425.00	\$ 3,194.82	\$ 230.18
Pension	Washington Legislative Update May 17 - 19, 2004	\$ 8,435.00	\$ 4,875.98	\$ 3,559.02
Pension	HUB Educational May 27 - 31, 2004	\$ 2,755.00	\$ 2,129.13	\$ 625.87
Pension	Annual/Quarterly Meetings July 22 - 25, 2004	\$ 291.66	\$ 193.61	\$ 98.05
Pension	Institutional Client Conference October 17 - 19, 2004	\$ 1,400.00	\$ 811.64	\$ 588.36
Total		\$ 18,356.66	\$ 11,959.73	\$ 6,396.93

Name of Person Filing ANTONIO SAGUIBO JR.	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HAWAII LABORERS' HEALTH & WELFARE TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1221 KAPIOLANI BLVD., SUITE 900</p> <p>City HONOLULU</p> <p>State Hawaii ZIP Code + 4 96814-3502</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. <i>Health & Welfare Trust Fund</i></p> <p>PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS</p> <p>(SEE ATTACHED WORKSHEET)</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <i>88,210</i></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount. <i>\$8,210</i></p>

ANTONIO SAGUIBO, JR. - HEALTH & WELFARE TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
H&W	Philippines Trip February 22 - 28, 2004	\$ 2,050.00	\$ 754.55	\$ 1,295.45
H&W	Annual/Quarterly Meetings July 22 - 25, 2004	\$ 291.67	\$ 193.61	\$ 98.06
H&W	Health Care Management & Fraud Prevention Institute November 15 - 17, 2004	\$ 5,175.00	\$ 2,986.23	\$ 2,188.77
H&W	50th Annual Employee Benefits November 30 - December 4, 2004	\$ 7,901.00	\$ 4,275.64	\$ 3,625.36
TOTAL		\$ 15,417.67	\$ 8,210.03	\$ 7,207.64

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HAWAII LABORERS' TRAINING TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1221 KAPIOLANI BLVD. SUITE 930</p> <p>City HONOLULU</p> <p>State Hawaii ZIP Code + 4 96814-3502</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. <u>Training Trust Fund</u></p> <p>PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS</p> <p>(SEE ATTACHED WORKSHEET)</p> <p>11.b. Approximate dollar value of such dealing. <u>93,694</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount. <u>\$3,094</u></p>

ANTONIO SAGUIBO, JR. - TRAINING TRUST FUND

FUND	NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Training	LIUNA Tri-Fund Conference January 18 - 22, 2004	\$ 4,861.08	\$ 3,500.85	\$ 1,360.23
Training	Annual/Quarterly Meetings July 22 - 25, 2004	\$ 291.67	\$ 193.61	\$ 98.06
Total		\$ 5,152.75	\$ 3,694.46	\$ 1,458.29

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Robeco Investment management</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>Suite 405</i></p> <p>Street <i>Fort Street + Mail</i></p> <p>City <i>Honolulu</i></p> <p>State <i>Hawaii</i> ZIP Code + 4 <i>96813</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>HAWAII LABORERS' HEALTH & WELFARE TRUST FUND</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>1221 KAPIOLANI BLVD., SUITE 900</i></p> <p>City <i>HONOLULU</i></p> <p>State <i>Hawaii</i> ZIP Code + 4 <i>96814-3502</i></p>	<p>11.a. Nature of such dealing. <i>Investment manager</i></p> <p>PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND.</p> <p>(SEE ATTACHED WORKSHEET)</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>Attended dinners hosted by Investment manager during educational conference.</i></p> <p>12.b. Amount. <i>\$ 150.00</i></p>

LM-10 / LM-30 Confirmation Worksheet

<u>Description of Item(s) Given</u>	<u>Date Given</u>	<u>Total Cost of Items Given</u>	<u>Comment(s)</u>
Dinner Meeting -- BPAM Update Chinois -- Santa Monica, Ca.	3/8/2004	\$500.00	Records can not determine specific food ordered and total number of guests in attendance.
Dinner Meeting -- BPAM Update Chianti -- Monterey, Ca.	11/15/2004	\$356.55	Records can not determine specific food ordered and total number of guests in attendance.
Dinner Meeting -- Robeco Update Peninsula - Monterey	11/16/2004	\$496.22	Records can not determine specific food ordered and total number of guests in attendance.